

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-575)

SERIAL NO.  
**09/937388**

FILED DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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50						
TOTAL IND.	2		19			
TOTAL DEP.	26		22			
TOTAL CLAIMS	28		41			

	3		4		5	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			2			
TOTAL DEP.			47			
TOTAL CLAIMS			49			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS